

7. LIST THE TYPE OF VEHICLE(S) YOU OWN (YEAR, MAKE, MODEL): _____
 PAID FOR? YES ___ NO ___ AMOUNT OF PAYMENT(S) \$ _____
8. DO YOU OR HOUSEHOLD MEMBER PAY RENT OR MORTGAGE? live w/ mother
9. AMOUNT OF DEBTS, LIENS, MORTGAGES, ETC.? _____ AMOUNT \$ _____

I do solemnly swear that the information reported by me for this application for counsel does contain a true and full account of all my real and personal estate, debts, credits and effects whatsoever without exception, which I or any person in trust for me have or at the time of my possession had, or am, or was in any way respect, entitled to, in possession, remainder or reversion, and that I have not at any time since charges were made against me or before, directly or indirectly sold, leased, assigned, or otherwise disposed of any property, or made over in trust for myself or otherwise, other than mentioned herein.

I understand that the appointment of counsel creates a claim against the assets and estate of the person who is provided counsel or the parents or legal guardians of a juvenile in the amount equal to the costs of representation less the amount paid to appointed counsel, the public defender office and/or the Commission on Indigent Defense. I understand such claim shall be filed in the Office of the Clerk of Court where I, my child, or ward are assigned counsel, but that the filing of a claim shall not constitute a lien against my real or personal property unless, in the discretion of the Court, part or all of such a claim is reduced to judgment by appropriate Order of the Court, after serving me with at least thirty (30) days notice that judgment will be entered.

I understand that pursuant to §17-3-30(b), I am required to pay a non-refundable \$40.00 application fee to the Public Defender's Office for public defender services or other appointed counsel.

I am financially unable to employ counsel and request that counsel be assigned to represent me. I understand that I am entitled to at least 30 days notice before a claim against me may be reduced to judgment, and I do hereby waive the right to such notice.

Patrick Barnes
 Applicant

Sworn to before me this 19 day of April, 2013.

[Signature] Notary Public for South Carolina. My commission expires: 11-4-20

RACE: W SEX: M AGE: 45
 SSN: _____
 DATE OF BIRTH: _____
 ADDRESS: _____
 CITY & STATE: _____
 TELEPHONE: _____

___ IN JAIL OUT ON BOND
 DATE OF ARREST: 4-18-13
 BOND AMOUNT: _____
 BONDSMAN: _____
 CO-DEFENDANTS: _____

The applicant's request for counsel is hereby
 GRANTED
 _____ DENIED

[Signature]
 Judge/ Clerk or Deputy Clerk
 DATE: 4-22-13

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STATE OF SOUTH CAROLINA)

COUNTY OF AIKEN)

AFFIDAVIT OF INDIGENCY AND APPLICATION FOR APPOINTED COUNSEL

STATE VS. Patrick K. Barrow

ARREST WARRANT / TICKET & CHARGE: 2013A02102 00904 Pass. of Cont. Sub. Sch. I to V, 2013A0210 200 905 Pass. of other Cont. Sub. in Sch. I to V 1st offense

1. ARE YOU PRESENTLY EMPLOYED? YES NO If yes, Please state the name and address of your employer and the amount of your salary or wages per month and/or week.

NAME: _____ ADDRESS: _____
NET WAGES: \$ _____ WEEKLY / BI-WEEKLY / MONTHLY

If No, please state the name and address of your former employer, date of termination and the amount of your salary or wages.

EMPLOYER: Darlington Coal Factory
NET WAGES: \$ _____ WEEKLY / BI WEEKLY / MONTHLY DATE OF TERMINATION: 2008

2. HOUSEHOLD MEMBER(S) EMPLOYER (if applicable): Spouse w/ mother Sherry Barrow
Social Security
NET WAGES: \$ 463⁰⁰ WEEKLY / BI-WEEKLY / MONTHLY

3. Have you or household member(s) received within the past twelve months any money from any of the following sources?

a. Business, Profession or Self-Employment?	Yes _____	No <input checked="" type="checkbox"/>
b. Rent Payments, Interest or Dividends?	Yes _____	No <input checked="" type="checkbox"/>
c. Pensions, Annuities or Life Insurance Payments?	Yes _____	No <input checked="" type="checkbox"/>
d. Gifts or Inheritance?	Yes _____	No <input checked="" type="checkbox"/>
e. Any Other Source (including Unemployment, Retirement, Disability and/or Food Stamps)?	Yes _____	No <input checked="" type="checkbox"/>

If the answer to any question above is "Yes", please list the source of the money and the amount received within the last 12 months.

SOURCE: _____ AMOUNT: _____

4. LIST BY NAME, AGE AND RELATIONSHIP TO YOU, ANY PERSONS WHO ARE DEPENDENT UPON YOU FOR SUPPORT. INDICATE BESIDE EACH HOW MUCH YOU CONTRIBUTE TOWARD THEIR SUPPORT.

NAME: 1 Child AGE: 13 RELATIONSHIP: boy AMOUNT \$ w/ mother
NAME: _____ AGE: _____ RELATIONSHIP: _____ AMOUNT \$ _____
NAME: _____ AGE: _____ RELATIONSHIP: _____ AMOUNT \$ _____

5. DO YOU HAVE CASH, OR DO YOU HAVE ANY MONEY IN A CHECKING OR SAVINGS ACCOUNT
CASH: \$ 1 CHECKING: \$ _____ SAVINGS: \$ _____

6. DO YOU OWN ANY REAL ESTATE, STOCKS, BONDS, NOTES OR OTHER VALUABLE PROPERTY, EXCLUDING ORDINARY HOUSEHOLD FURNISHINGS AND CLOTHING? YES _____ NO
PLEASE SPECIFY: _____

7. LIST THE TYPE OF VEHICLE(S) YOU OWN (YEAR, MAKE, MODEL): n/a
- PAID FOR? YES ___ NO ___ AMOUNT OF PAYMENT(S) \$ _____
8. DO YOU OR HOUSEHOLD MEMBER PAY RENT OR MORTGAGE? Lives w/ mother Shirley Prince
9. AMOUNT OF DEBTS, LIENS, MORTGAGES, ETC.? _____ AMOUNT \$ /

I do solemnly swear that the information reported by me for this application for counsel does contain a true and full account of all my real and personal estate, debts, credits and effects whatsoever without exception, which I or any person in or for me have or at the time of my possession had, or am, or was in any way respect, entitled to, in possession, remainder or reversion, and that I have not at any time since charges were made against me or before, directly or indirectly sold, leased, assigned, or otherwise disposed of any property, or made over in trust for myself or otherwise, other than mentioned herein

I understand that the appointment of counsel creates a claim against the assets and estate of the person who provided counsel or the parents or legal guardians of a juvenile in the amount equal to the costs of representation less amount paid to appointed counsel, the public defender office and/or the Commission on Indigent Defense. I understand such claim shall be filed in the Office of the Clerk of Court where I, my child, or ward are assigned counsel, but the filing of a claim shall not constitute a lien against my real or personal property unless, in the discretion of the Court or all of such a claim is reduced to judgment by appropriate Order of the Court, after serving me with at least thirty days notice that judgment will be entered.

I understand that pursuant to §17-3-30(b), I am required to pay a non-refundable \$40.00 application fee to the Public Defender's Office for public defender services or other appointed counsel.

I am financially unable to employ counsel and request that counsel be assigned to represent me. I understand that I am entitled to at least 30 days notice before a claim against me may be reduced to judgment, and I do hereby waive the right to such notice.

Patrick Barnes
Applicant

Sworn to before me this 30th day of September, 2013.

Britta Johnson Walker Notary Public for South Carolina. My commission expires: 2/18/2015

RACE: M SEX: W AGE: 45

SSN: _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY & STATE: _____

TELEPHONE: _____

IN JAIL OUT ON BOND

DATE OF ARREST: _____

BOND AMOUNT: _____

BONDSMAN: LA-1

CO-DEFENDANTS: _____

The applicant's request for counsel is hereby

GRANTED
 DENIED

W. M. [Signature]
Judge/ Clerk or Deputy Clerk

DATE: 10-1-13

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STATE OF SOUTH CAROLINA)
COUNTY OF AIKEN)

AFFIDAVIT OF INDIGENCY AND
APPLICATION FOR APPOINTED COUNSEL

STATE VS. Patrick K Barnes
ARREST WARRANT / TICKET & CHARGE: 2013A0210200889 - Breaking into motor veh

1. ARE YOU PRESENTLY EMPLOYED? YES NO If yes, Please state the name and address of your employer and amount of your salary or wages per month and/or week.

NAME: - ADDRESS: -
NET WAGES: \$ - WEEKLY / BI-WEEKLY / MONTHLY

If No, please state the name and address of your former employer, date of termination and the amount of your salary or wages.

EMPLOYER: -
NET WAGES: \$ - WEEKLY / BI WEEKLY / MONTHLY DATE OF TERMINATION: 2yr+

2. HOUSEHOLD MEMBER(S) EMPLOYER (if applicable): lives w/ brother (doesn't work)

NET WAGES: \$ - WEEKLY / BI-WEEKLY / MONTHLY

3. Have you or household member(s) received within the past twelve months any money from any of the following sources?

- a. Business, Profession or Self-Employment? Yes No
- b. Rent Payments, Interest or Dividends? Yes No
- c. Pensions, Annuities or Life Insurance Payments? Yes No
- d. Gifts or Inheritance? Yes No
- e. Any Other Source (including Unemployment, Retirement, Disability and/or Food Stamps)? Yes No

If the answer to any question above is "Yes", please list the source of the money and the amount received within the last 12 months.

SOURCE: FS AMOUNT: 356 1 mo

4. LIST BY NAME, AGE AND RELATIONSHIP TO YOU, ANY PERSONS WHO ARE DEPENDENT UPON YOU FOR SUPPORT. INDICATE BESIDE EACH HOW MUCH YOU CONTRIBUTE TOWARD THEIR SUPPORT.

NAME: _____ AGE: _____ RELATIONSHIP: _____ AMOUNT \$ _____

NAME: _____ AGE: _____ RELATIONSHIP: _____ AMOUNT \$ _____

NAME: _____ AGE: _____ RELATIONSHIP: _____ AMOUNT \$ _____

5. DO YOU HAVE CASH, OR DO YOU HAVE ANY MONEY IN A CHECKING OR SAVINGS ACCOUNT
CASH: \$ 0 CHECKING: \$ 0 SAVINGS: \$ 0

6. DO YOU OWN ANY REAL ESTATE, STOCKS, BONDS, NOTES OR OTHER VALUABLE PROPERTY, EXCLUDING ORDINARY HOUSEHOLD FURNISHINGS AND CLOTHING? YES NO

PLEASE SPECIFY:

7. LIST THE TYPE OF VEHICLE(S) YOU OWN (YEAR, MAKE, MODEL): _____

PAID FOR? YES ___ NO ___ AMOUNT OF PAYMENT(S) \$ _____

8. DO YOU OR HOUSEHOLD MEMBER PAY RENT OR MORTGAGE? \$ 500 mo

9. AMOUNT OF DEBTS, LIENS, MORTGAGES, ETC.? Frank Home
_____ AMOUNT \$ _____

I do solemnly swear that the information reported by me for this application for counsel does contain a true and full account of all my real and personal estate, debts, credits and effects whatsoever without exception, which I or any person for me have or at the time of my possession had, or am, or was in any way respect, entitled to, in possession, remainder or reversion, and that I have not at any time since charges were made against me or before, directly or indirectly sold, leased assigned, or otherwise disposed of any property, or made over in trust for myself or otherwise, other than mentioned here

I understand that the appointment of counsel creates a claim against the assets and estate of the person who provided counsel or the parents or legal guardians of a juvenile in the amount equal to the costs of representation amount paid to appointed counsel, the public defender office and/or the Commission on Indigent Defense. I understand such claim shall be filed in the Office of the Clerk of Court where I, my child, or ward are assigned counsel, but the filing of a claim shall not constitute a lien against my real or personal property unless, in the discretion of the Court or all of such a claim is reduced to judgment by appropriate Order of the Court, after serving me with at least 30 days notice that judgment will be entered.

I understand that pursuant to §17-3-30(b), I am required to pay a non-refundable \$40.00 application fee to the Public Defender's Office for public defender services or other appointed counsel.

I am financially unable to employ counsel and request that counsel be assigned to represent me. I understand I am entitled to at least 30 days notice before a claim against me may be reduced to judgment, and I do hereby waive the right to such notice.

Patrick Barnes
Applicant X

Sworn to before me this 11 day of Sept, 2013.
[Signature] Notary Public for South Carolina. My commission expires: 11-4-20

RACE: W SEX: M AGE: 45
SSN: _____
DATE OF BIRTH: _____
ADDRESS: _____
CITY & STATE: _____
TELEPHONE: _____

IN JAIL OUT ON BOND
DATE OF ARREST: 9-14-13
BOND AMOUNT: _____
BONDSMAN: _____
CO-DEFENDANTS: _____

The applicant's request for counsel is hereby
GRANTED

[Signature]
Judge/ Clerk or Deputy Clerk
9-11-13